

**UNITED STATES DISTRICT COURT FOR THE  
DISTRICT OF MASSACHUSETTS**

MARIA ALEJANDRA CELIMEN SAVINO,  
*et al.*,

Petitioners-Plaintiffs,

v.

STEVEN SOUZA,

Respondent-Defendant.

Case No. 1:20-cv-10617-WGY

**DECLARATION OF PAMLAR FERREIRA**

I, Pamlar Ferreira, declare under penalty of perjury that the following is true and correct to the best of my knowledge:

1. My name is Pamlar Ferreira. I am fifty-seven years old. Prior to being released on bail, I was detained at the Bristol County House of Corrections.
2. I have no pending charges against me. I have a single prior conviction – for using false identification more than 20 years ago to obtain a passport to return to Trinidad to attend my grandfather’s funeral. I was not arrested for this charge until 2018. I fully served an eight-month sentence during 2018 and 2019.
3. I currently live in Brooklyn, NY with my husband.
4. I suffer from diabetes, hypertension, Post Traumatic Stress Disorder, major depression, gastroesophageal reflux disease, sinus complications, and hyperlipidemia. *See* Ex. A (Letter from Dr. Kolla); Ex. B (Bureau of Prisons Medication Summary); Ex. C (Letter from Drs. Hope and Amin).
5. I appealed an Order of Removal in my immigration case on March 11, 2020. There have been no updates in my immigration case since March 11, 2020.
6. I was admitted to bail by Judge Young on April 9, 2020. I was released on bail on April 10, 2020. I received release paperwork on April 10, 2020. On a portion of that paperwork, ICE marks a box suggesting that I am a sex offender. Ex. D (Release Paperwork) at 3. I have zero record of sex offenses.
7. On April 10, 2020, my family and I were advised by my immigration attorney, at the request of Class counsel, of Judge Young’s conditions of release.

8. As part of my bail conditions, I wear an ankle monitor. The officer who gave me my monitor was an ICE officer in Burlington, MA. That officer, while fitting my monitor in Burlington, told me I was to quarantine for fourteen days and that after those fourteen days, as long as I stay within Brooklyn, I am in compliance with my conditions of release. I asked that officer if this meant I could go to the supermarket and the pharmacy after the quarantine period. That officer told me yes and that he did not think I would have a problem if I did so. That officer also told me that I would need to wear the monitor for one to two months. I will have been wearing the monitor for two months on June 10, 2020.
9. No ICE officer or other official has contacted me since I arrived in Brooklyn on April 10, 2020. I was given contact information for a probation officer when I received my criminal sentence on March 26, 2019. Since I do not know who to contact from ICE, I have been calling this probation officer to make sure I am meeting the conditions of my bail. He has reiterated that I need to stay in Brooklyn, with the exception of being permitted to go to Manhattan for immigration court hearings.
10. In reliance on what I was told by the ICE officer when receiving my ankle monitor, and the advice from my probation officer, I have left my apartment to go to the grocery store once a week, to pick up medications from the pharmacy, and once to bring my husband to the hospital when he was experiencing neck pain. I informed my probation officer about three weeks ago about each of these actions to ensure that I was following the correct protocol.
11. Since being admitted to bail, I have been living at 146 East 88<sup>th</sup> Street #5 Brooklyn, NY, 11236. This address differs from the one provided in previous briefing to the Court. It is the address that was approved by U.S. Immigration and Customs Enforcement ("ICE") upon my release. *See* Ex. D.
12. My house is set up so that I have steps in the front leading to a mailbox and I have a small yard in the back of my home. Almost every day I walk to receive the mail in the front of the house and in my back yard, where I exercise.
13. My release paperwork from ICE states that I must report to the Duty Officer on June 2, 2020. Prior to June 2, 2020, I called ICE multiple times to see if I should still report to the Duty Officer given the current pandemic. I did not get a response. On June 2, 2020, I reported to ICE's field office in Manhattan at 26 Federal Plaza 19<sup>th</sup> Floor, New York, NY 10278. This was the address specified in my release paperwork. Ex. D. When I arrived, I was told by officers that the office was closed.
14. This declaration was read to me, and I swear it is true. I have authorized Mike Brown, an attorney at WilmerHale, to sign for me.

Date: June 5, 2020

/s/ Pamilar Ferreira  
Pamilar Ferreira

# EXHIBIT 6A

NYC  
HEALTH+  
HOSPITALS

## Kings County

01/25/19

From  
Madhavi Kolla ,MD  
Primary care physician,  
Kings County Hospital,  
Brooklyn, NY  
718-245-3417

To whom it may concern,

Re: Ms.Ferreira,Pamela,  
Dob- 05/07/62

Ms. Ferreira, Pamela is my patient at Kings County Hospital. She is suffering from Hypertension, Diabetes, hyperlipidemia and GERD.

If I may be of further assistance, please feel free to call me. Any questions, please feel free to call us at (718)245-3417.

Sincerely,



Madhavi Kolla,MD  
Lic-249792

Kolla, Madhavi, Latha, MBBS  
946186

# EXHIBIT 6B

**Bureau of Prisons  
Health Services  
Medication Summary  
Current as of 10/03/2019 11:48**

<b>Complex:</b> DAN--DANBURY FCI	<b>Begin Date:</b> N/A	<b>End Date:</b> N/A
<b>Inmate:</b> FERREIRA, PAMLAR	<b>Reg #:</b> 41315-054	<b>Quarter:</b> P05-007L

**Medications listed reflect prescribed medications from the begin date to end date on this report.**

**Allergies:** Denied

**Active Prescriptions**

Atorvastatin 80 MG TAB

Take one tablet (80 MG) by mouth at bedtime for control of cholesterol

**Rx#:** 154454-DAN      **Doctor:** Greene, Robert T. Jr. MD/CD

**Start:** 05/15/19      **Exp:** 11/11/19

**Pharmacy Dispensings:** 150 tab in 141 days

glipiZIDE 10 MG TAB

Take one tablet (10 MG) by mouth twice daily for Diabetes

**Rx#:** 154457-DAN      **Doctor:** Greene, Robert T. Jr. MD/CD

**Start:** 05/15/19      **Exp:** 11/11/19

**Pharmacy Dispensings:** 300 TAB in 141 days

Labetalol HCL 100 MG Tab

Take three tablets (300 MG) by mouth twice daily for blood pressure control

**Rx#:** 154459-DAN      **Doctor:** Greene, Robert T. Jr. MD/CD

**Start:** 05/15/19      **Exp:** 11/11/19

**Pharmacy Dispensings:** 810 TAB in 141 days

Lisinopril 20 MG Tab

Take one tablet (20 MG) by mouth each day

**Rx#:** 155119-DAN      **Doctor:** Manenti, John D.O, RMD

**Start:** 06/10/19      **Exp:** 06/09/20

**Pharmacy Dispensings:** 120 TAB in 115 days

metFORMIN HCl 1000 MG Tab

Take one tablet (1000 MG) by mouth twice daily for Diabetes

**Rx#:** 154456-DAN      **Doctor:** Greene, Robert T. Jr. MD/CD

**Start:** 05/15/19      **Exp:** 11/11/19

**Pharmacy Dispensings:** 300 TAB in 141 days

Sertraline HCl 50 MG Tab

Take one tablet (50 MG) by mouth each day \*\*\*self carry\*\*\* \*consent form on file \*

**Rx#:** 155059-DAN      **Doctor:** Ahsan, Sadaf MD

**Start:** 06/06/19      **Exp:** 12/03/19

**Pharmacy Dispensings:** 120 TAB in 119 days

**Bureau of Prisons  
Health Services  
Health Problems**

Reg #: 41315-054

Inmate Name: FERREIRA, PAMLAR

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
<b>Current</b>						
<b>Diabetes mellitus, type II (adult-onset)</b>						
01/06/2010 23:06 EST Saint Preux, John PA-C	III	ICD-9	250.00	01/06/2010	Current	01/06/2010
<b>Hyperlipidemia, mixed</b>						
01/06/2010 23:07 EST Saint Preux, John PA-C	III	ICD-9	272.2	01/06/2010	Current	01/06/2010
<b>Hypertension, Benign Essential</b>						
01/06/2010 23:37 EST Saint Preux, John PA-C	III	ICD-9	401.1	01/06/2010	Current	01/06/2010
01/06/2010 23:06 EST Saint Preux, John PA-C	III	ICD-9	401.1	01/06/2010	Current	01/06/2010
<b>Unspecified gastritis and gastroduodenitis</b>						
01/06/2010 23:20 EST Saint Preux, John PA-C	III	ICD-9	535.5	01/06/2010	Current	01/06/2010
<b>Anxiety disorder</b>						
05/29/2019 14:24 EST Greene, Robert MD		ICD-10	F419	05/29/2019	Current	
<b>Adjustment Disorders: With Mixed Anxiety And Depressed Mood</b>						
06/05/2019 14:50 EST Ahsan, Sadaf MD	I	DSM-IV	F43.23	06/05/2019	Current	
<b>Body mass index (BMI) 29.0-29.9, adult</b>						
06/05/2019 16:26 EST Johnson, Rosemary APRN-C		ICD-10	Z6829	06/05/2019	Current	
BMI: 29.6						
<b>Total: 7</b>						

# EXHIBIT 6C





THE NEW YORK CENTER FOR NEUROPSYCHOLOGY  
& FORENSIC BEHAVIORAL SCIENCE

May 18, 2010

To whom it may concern:

Pamilar Ferreira is a 47-year old woman who presents with symptoms of depression and anxiety, as well as post-traumatic symptoms. Following assessment, diagnoses were provided of Post-Traumatic Stress Disorder and Major Depression, recurrent, severe, without psychosis.

Ms. Pamilar is currently in treatment at this office, for individual weekly psychotherapy and medication management. She does not currently present a danger to herself or others, and her cognition is intact.

It is recommended that Ms. Ferreira continue on an ongoing basis with both individual psychotherapy and medication management.

The original of this letter was provided to the patient directly, at her request.

Sincerely,

Jennifer Hope, Ph.D., Psychologist

Ravindra Amin, M.D., Psychiatrist

N. G. BERRILL, PH.D.  
DIRECTOR

J. MCCARTHY, M.A., LMHC  
ASSISTANT DIRECTOR

J. PIECARA, M.A.  
SUPPORT SERVICES COORDINATOR

CLINICAL ASSOCIATES:

R. AMIN, M.D.

P. PIECARI, PSY.D.

J. HOPE, PH.D.

S. HADEN, PH.D.

K. LONG, M.A.

S. WEISNER, PSY.D., J.D.

A. ORTEGA, PSY.D.

J. FRANCISCO, PH.D.

A. MOODY, PH.D.

D. BURSZTYN, M.S.

M. GARCIA, J.D., M.A.

D. DICUPÉ, LMSW

E. BANACH, LMSW

# EXHIBIT 6D

U.S. DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement  
ORDER OF RELEASE ON RECOGNIZANCE  
CONTINUATION PAGE

Alien Name  
FERREIRA, PAMLAR

File Number  
029 514 865

Date  
April 9, 2020

Alien's Signature  
*Pamla*

Alien's Telephone Number (if any)  
718 506 1111

Alien's Address  
287 Webster Ave Apt 1  
Brooklyn, NY 11230  
→ 146 E 88 St. Brooklyn, NY 11230

Picture



Right Index Print



PERSONAL REPORT RECORD

Date

Officer

Comment/Changes

Signature  
09788 WATERS

*[Signature]*

Title  
Deportation Officer



DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement  
**ORDER OF RELEASE ON RECOGNIZANCE  
ADDENDUM**Name: FERREIRA, PAMLARFile No.: 029 514 865Date: April 9, 2020

- ☒ That you do not associate with known gang members, criminal associates, or be associated with any such activity.
- ☐ That you register in a substance abuse program within 14 days and provide ICE with written proof of such within 30 days. The proof must include the name, address, duration, and objectives of the program as well as the name of a counselor.
- ☐ That you register in a sexual deviancy counseling program within 14 days and provide ICE with written proof of such within 30 days. You must provide ICE with the name of the program, the address of the program, duration and objectives of the program as well as the name of a counselor.
- ☐ That you register as a sex offender, if applicable, within 7 days of being released, with the appropriate agency(s) and provide ICE with written proof of such within 10 days.
- ☒ That you do not commit any crimes while on this Order of Release on Recognizance.
- ☐ That you report to any parole or probation officer as required within 5 business days and provide ICE with written verification of the officer's name, address, telephone number, and reporting requirements.
- ☐ That you continue to follow any prescribed doctor's orders whether medical or psychological including taking prescribed medication.
- ☒ That you provide ICE with written copies of requests to Embassies or Consulates requesting the issuance of a travel document.
- ☒ That you provide ICE with written responses from the Embassy or Consulate regarding your request.
- ☒ Any violation of the above conditions will result in revocation of your employment authorization document.
- ☒ Any violation of these conditions may result in you being taken into ICE custody and you being criminally prosecuted.
- ☐ Other;

Alien's Signature



DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement  
**ORDER OF RELEASE ON RECOGNIZANCE  
OUT-PROCESSING CHECKLIST**

**Sex Offenders**

- ☒ Probation/Parole Officer Notified  
☐ Registered as sex-offender as required by state statute within 7 days  
☐ Victim/Witness Coordinator Notified  
☐ Victim/Witness Notified  
☐ Written Proof of Counseling

**Substance Abusers**

- ☐ Probation/Parole Officer Notified  
☐ Written Proof of Counseling

**All Aliens**

- ☐ Probation/Parole Officer Notified  
☐ Obtain address where living and telephone number  
☐ Enter into IDENT FINS#: \_\_\_\_\_  
☐ NCIC Check  
☐ Travel Document Application  
☐ Other: \_\_\_\_\_

**Completed By**

Deportation Officer: ERIN 09788 WATERS *(Signature)* Date 04/09/2020

**Concurrence By**

Supervisory Detention and Deportation Officer: MARFISSI, YOLANDA Date 04/09/2020



Date: April 9, 2020

Name: FERREIRA, PAMLAR

ICE Official

## Page 1 of 4



U.S. Department of Homeland Security

Continuation Page for Form I-320A

Alien's Name  
FERREIRA, PAMLAHFile Number  
229-514-865

Date

Event No: HARR2010860049

04/10/2020

## ADDITIONAL CONDITIONS

(1)

Your release is contingent upon your enrollment and successful participation in an Alternatives to Detention (ATD) Program as designated by the Department of Homeland Security. As part of the ATD program, you will be subject to electronic monitoring and may be subject to a curfew. Failure to comply with the requirements of the ATD program may result in a redetermination of your release conditions or your arrest and detention. If fitted with a GPS tracking ankle bracelet, do not tamper with or remove the device. Tampering with or damaging the device may result in your arrest, detention, and prosecution under 18 U.S.C. 1361.

(2)

Releasees will be taken from the facility to the place of residence previously identified to ICE.

(3)

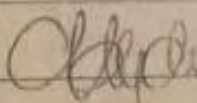
Releasees are to be fully quarantined for 14 days from date leaving facility to the residence.

(4)

During and after the 14-day quarantine, releasees will remain under house arrest and shall not leave the residence for any reason save to attend immigration proceedings or attend to their own medical needs should those needs be so severe that they have to go to a doctor's office or hospital (in which case they shall notify ICE as soon as practicable of their medical necessity).

ICE NEW YORK 26 Federal Plaza 19th Floor New York, NY 10278

Signature



JENNIFER M. WILLIAMS

Title

Deportation Officer

5 of 5 Pages

DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement  
**ORDER OF RELEASE ON RECOGNIZANCE  
ADDENDUM**

File No. 029 514 663

Date April 9, 2020

Name: FERREIRA, PAMELA

- ☒ That you do not associate with known gang members, criminal associates, or be associated with any such activity.
- ☐ That you register in a substance abuse program within 14 days and provide ICE with written proof of such within 30 days. The proof must include the name, address, duration, and objectives of the program as well as the name of a counselor.
- ☐ That you register in a sexual deviancy counseling program within 14 days and provide ICE with written proof of such within 30 days. You must provide ICE with the name of the program, the address of the program, duration and objectives of the program as well as the name of a counselor.
- ☐ That you register as a sex offender, if applicable, within 7 days of being released, with the appropriate agency(ies) and provide ICE with written proof of such within 10 days.
- ☒ That you do not commit any crimes while on this Order of Release on Recognizance.
- ☐ That you report to any parole or probation officer as required within 5 business days and provide ICE with written verification of the officer's name, address, telephone number, and reporting requirements.
- ☐ That you continue to follow any prescribed doctor's orders whether medical or psychological including taking prescribed medication.
- ☒ That you provide ICE with written copies of requests to Embassies or Consulates requesting the issuance of a travel document.
- ☒ That you provide ICE with written responses from the Embassy or Consulate regarding your request.
- ☒ Any violation of the above conditions will result in revocation of your employment authorization document.
- ☒ Any violation of these conditions may result in you being taken into ICE custody and you being criminally prosecuted.
- ☐ Other:

x Pamela

Alien's Signature



DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement  
**ORDER OF RELEASE ON RECOGNIZANCE**

Event Number: BAN2018090045

File No. 829 514 865

Date: April 9, 2020

Name: FERRERA, PAMELA

You have been arrested and placed in removal proceedings. In accordance with section 235 of the Immigration and Nationality Act and the applicable provisions of Title 8 of the Code of Federal Regulations, you are being released on your own recognizance provided you comply with the following conditions.

☒ You must report for any hearing or interview as directed by Immigration and Customs Enforcement or the Executive Office for Immigration Review.

☒ You must surrender for removal from the United States if so ordered.

☒ You must report in (writing) (person) to Duty officer at See 1-233 on 6/2/2020 as directed.

If you are allowed to report in writing, the report must contain your name, alien registration number, current address, place of employment, and other pertinent information as required by the officer listed above.

☒ You must not change your place of residence without first securing written permission from the officer listed above.

☒ You must not violate any local, State or Federal laws or ordinances.

☒ You must assist Immigration and Customs Enforcement in obtaining any necessary travel documents.

☒ Other: Your release is contingent upon your enrollment and successful participation in an Alternatives to Detention (ATD) program as designated by the Department of Homeland Security. Electronic monitoring is a requirement and a curfew may be imposed. Failure to comply with the conditions of your release or the requirements of the ATD program may result in a redetermination of your release conditions or your arrest and detention.

☒ See attached sheet containing other specified conditions (Continue on separate sheet if required)

**NOTICE:** Failure to comply with the conditions of this order may result in revocation of your release and your arrest and detention by Immigration and Customs Enforcement.

MARFISSE, YOLANDA

ICE Official

**Alien's Acknowledgement of Conditions of Release under an Order of Recognizance**

I hereby acknowledge that I have (read) (had interpreted and explained to me in the English language) the contents of this order, a copy of which has been given to me. I understand that failure to comply with the terms of this order may subject me to a fine, detention, or prosecution.

[Signature]

(Signature of ICE Official serving order)

(Signature of Alien)

Date

11-10-2020

I hereby cancel this order of release because:

☐ The alien failed to comply with the conditions of release. ☐ The alien was taken into custody for removal.

(Signature of ICE Official canceling order)

Date